



SANTA CLARA FIRE DEPARTMENT
DIVISION OF FIRE PREVENTION
1675 LINCOLN STREET
SANTA CLARA, CALIFORNIA 95050
(408) 615-4970 Schedule Inspection Appointments
(408) 615-4987 Code Requirement Information

Automatic Fire Sprinkler Permit Application

REQUIRED at time of submittal: **two (2) sets** of plans (include cross-sectional drawings), manufacturer's specification sheets (sprinkler heads & valves), installation instructions for any specifically listed equipment; hydraulic calculations, (e.g., summary sheet, detailed work sheets and graph sheet); "current" water supply information (e.g., date and location of test) and additional information as required by NFPA 13.

PLEASE PRINT OR TYPE. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT PROCESSING.

Job Address:			Number of Stories:	(For Office Use Only) Fire Permit #: FIR -	
Bldg. #:	Suite #:	UBC Occupancy Class (es) In the area(s) of work:		Permit Type: AS/OH	
Area Name:		Room Name:		Station #:	
Business / Tenant:				Date:	
General Type of Construction: (SEE NFPA 13) (circle one) ABOVE CEILING - Obstructed Unobstructed BELOW CEILING - Obstructed Unobstructed				Permit Fee:	
Building Department Permit Number:				Check #:	
Circle appropriate Hazard Class: (SEE NFPA 13) (circle one) LIGHT ORDINARY GROUP 1 ORDINARY GROUP 2 EXTRA GROUP 1 EXTRA GROUP 2					
Scope of Work: (BE SPECIFIC)					

Installing Contractor:			Contractor License #:		
Address:			Contact Person:		
City:			Phone: ()	Fax: ()	
State:	Zip:		Job Reference #:		
Santa Clara Business License #			Date Expires:		

Fire Protection Engineer:			License #:		
Address:			Contact Person:		
City:			Phone: ()	Fax: ()	
State:	Zip:		Job Reference #:		

Company / Person paying for permit:			Phone: ()	Fax: ()	
Address:			Contact Person:		
City:			State:	Zip:	

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Class:

License No:

Date of Expiration:

Signature of Contractor or Agent:

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason. [Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).]:

- ☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for purpose of sale).
- ☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law).
- ☐ I am exempt under Sec. 7044, B. & P. C. for this reason: _____

OWNER _____ DATE _____

Please compute the plan check fees using the information below.

Minimum Fee:				
Per system / riser (200 heads or less) OR	(#)	x \$300 =	\$
Per system of 201 heads or greater, then \$1.50 cents per head:	(#)	x \$1.50 =	\$
Standpipe system (s): (Horizontal or Vertical)	(#)	x \$350 =	\$
Additional Devices (such as fire pumps, fire hydrants, etc)	(#)	x \$25 =	\$
Total number of sprinkler system (s): _____				
Total number of heads in each system: _____ / _____ / _____ / _____	TOTAL FEE =			\$

Please make checks payable to: Santa Clara Fire Department.

I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this city to enter upon the above-mentioned property for inspection purposes.

Signature of Applicant or Agent:

Date:

NOTE: Permit application will expire within 180 days of last inspection, unless you submit a written request for approval of an extension.